

# R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-034774

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4649

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Boyle			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Length of stay in lb 7 Days		c. CITY OR TOWN Parksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Howard Middle P Last Grugin				4. DATE OF DEATH Month September Day 10 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/16/1939	9. AGE (last birthday) 21	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee - International Paper Factory			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Parksville, Kentucky		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME James W. Grugin			13b. MOTHER'S MAIDEN NAME Mable Laham			14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 403-54-7756		17. INFORMANT James M. Grugin, 3123 Tracy, Kansas City		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral Hypostatic pneumonia</i> DUE TO (b) <i>Basal Skull fracture, tearing of</i> DUE TO (c) <i>subtend carotid artery - cerebral hemorrhage</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>while walking on car it fell on him</i>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>8-31-60</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Kansas City Jackson Mo</i>		
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>D. W. Newcomer</i>				22b. ADDRESS <i>6627 Prospect St. Cms</i>		22c. DATE SIGNED <i>9-11-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Parksville Cemetery		23d. LOCATION (City, town, or county) (State) Parksville Kentucky			
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. <i>9-11-60</i>		26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. L. Gibson

Licensed Embalmer No. 4137  
Examiners Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.